

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		NO	DEP	NO	DEP	NO	C
	NO	DEP	NO	DEP	NO	DEP						
1							51					
2							52					
3							53					
4							54					
5							55					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL NO.	2		2		2		TOTAL NO.					
TOTAL DEP.	7		13		13		TOTAL DEP.					
TOTAL CLAIMS	9		15		5		TOTAL CLAIMS					

BEST AVAILABLE COPY